



New Hampshire Department of  
HEALTH AND HUMAN SERVICES



**Department of Safety**

*Division of State Police*

# New Hampshire Medicaid Fingerprint-based Criminal Background Check

Presented by Department of Health & Human Services

# ***Who needs to complete a background check?***

Federally determined “high risk” providers/owners under 42 CFR 455.450.

## ***High Risk***

Owners with a 5% or greater direct or indirect ownership who provide the following services or supplies is considered high Risk:

- Home Health Providers
- Durable Medical Equipment Providers
- Any provider/owner that has been sanctioned in the 10 years prior to applying for Medicaid
- Any provider with an existing State Medicaid Plan qualifying overpayment

## ***What if you already had a background check by Medicare or another State?***

- NH Medicaid will not required a background check if:
  - ❖ A background check has been performed by Medicare.
  - ❖ A background check has been performed by another State Medicaid program and NH Medicaid can obtain the information from the other State.


# ***When does a background check need to be completed?***

- NH Medicaid will start background checks on November 1, 2016.
- Currently active high risk providers/owners that submitted an NH Medicaid enrollment application on or after August 1, 2015 will be subject to a background check.
- New or open applications as of November 1, 2016 will be subject to background check as part of the application process.

**Letters will be sent to those providers/owners who require background checks.**

# How do I start the background check process?

- **Complete the criminal record release form sent with your letter.**
  - Complete sections I and II
    - Section II must be completed for release to DHHS NH Medicaid.
  - Notarize Form
    - Section II must be signed in front of a notary, granting your permission for NH Medicaid to receive your criminal background record. The notary must sign and seal the form.

State of New Hampshire	
	<b>Criminal Records Unit</b> Department of Safety DIVISION OF STATE POLICE
33 Hazen Drive, Concord, NH 03305	
NEW HAMPSHIRE HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION	
NEW HAMPSHIRE MEDICAID PROGRAM	
<b>INSTRUCTIONS</b>  Section 6401 of the ACA and 43 CFR 455.434 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Both Section I and Section II must be completed.	
<b>SECTION I (PERSONNEL ONLY)</b>	
Last Name _____ First Name _____ Maiden _____ MI _____	
Address _____ City _____ State _____ Zip _____	
Date of Birth _____ Hair Color _____ Eye Color _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	
Driver's License Number _____ State _____	
My signature below signifies I am the individual listed above and the information provided is true.	
Signature _____ Date _____ <small>Signed under penalty of unsworn falsification pursuant to RSA 641:13</small>	
<b>SECTION II</b> I hereby authorize the release of my criminal record conviction(s), if any, to the following: <b>Department of Health &amp; Human Services, Office of Improvement &amp; Integrity – Program Integrity Unit</b>	
Address <u>129 Pleasant Street, 2<sup>nd</sup> Floor Thayer Building</u> City <u>Concord</u> State <u>NH</u> Zip <u>03301</u>	
Your Signature _____ Date _____	
Notary's Signature _____ (affix Seal)	
Signature of person/entity to receive record _____ Date _____	
<b>RECORD CHALLENGE</b> <small>Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJsAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.</small>	
<b>WARNING:</b> The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.	
<b>FEE'S</b> <input type="checkbox"/> LIVESCAN Fingerprints-\$49.75  NOTE: Make checks payable to: State of NH – Criminal Records <input type="checkbox"/> Applicant fingerprint card must be submitted at the same time as payment and this form.	



# ***What next?***

The completed Criminal Record Release Authorization Form must be brought to a NH State Police LiveScan Location, along with:

- A payment of \$47.00\*, paid by:
  - Credit Card (American Express, Visa, or MasterCard)
  - Cash
  - Check
  - Money Order
  - Prepaid Account
- Check or money Order must be made out to State of NH – Criminal Records
- One form of official photo ID, such as a valid driver's license or valid passport.

*Keep in mind, that the applicant will not receive this information or any of their forms back. Everything will be sent directly to the DHHS.*

**Retain a receipt for your records and proof if needed that the finger printing was completed.**

\* - Fee is determined by the Department of Safety and Federal government, and is subject to change.

# NH & FBI CHRI Check

**Criminal Record  
Release Authorization  
Form is completed**

State of New Hampshire  
Criminal Records Unit  
Department of Safety  
DIVISION OF STATE POLICE  
33 Hogan Drive, Concord, NH 03305

NEW HAMPSHIRE MEDICAL PROGRAM

INSTRUCTIONS

Section 101 of the RSA and RSA 663:26 authorize the dissemination of the Criminal History Record Information (CHRI) for non-law enforcement purposes. RSA 663:26 is a confidential and proprietary source of information and the release of this information is subject to the following conditions. Each Section of this form must be completed.

SECTION I (Individual's Information)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Suffix \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Sex ☐ Male ☐ Female

No signature shall appear on this form until the individual has been interviewed and the information provided is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

SECTION II (Authorization)

I hereby authorize the release of my criminal history record information to the following:  
Department of Safety & Security Services, Office of Employment & Integrity, Program Integrity Unit  
Address: 329 Pleasant Street, 2nd Floor, Concord, NH, 03301

Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
Notary's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature of person(s) to receive record \_\_\_\_\_ Date \_\_\_\_\_

SECTION III (Fees)

1. LIVESCAN PROGRAMS: \$40.00  
2. FINGERPRINTS: \$10.00

NOTE: State check payable to: State of NH - Criminal Records  
Fingerprint fees and must be submitted with this form.

DSP-417 August 2015

**Fingerprints  
are taken at  
Livescan site**



**Form and payment are  
processed at NHSP  
Livescan site**



**IN PERSON**



**Fingerprints  
are  
processed**

**Fingerprint results are  
matched**

State of New Hampshire  
Criminal Records Unit  
Department of Safety  
DIVISION OF STATE POLICE  
33 Hogan Drive, Concord, NH 03305

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DSP-417 August 2015



DHHS Program  
Integrity Unit  
129 Pleasant St.  
Concord, NH 03301

**Results are sent to  
DHHS Program  
Integrity Unit**

## ***LiveScan Locations***

- NH State Police Criminal Records Unit maintains six LiveScan locations:
  - ❖ **NH Department of Safety:** 33 Hazen Drive (James H. Hayes Building), Concord
  - ❖ **DMV Dover Point:** 50 Boston Harbor Road, Dover
  - ❖ **DMV Manchester Commons:** 377 South Willow Street, Manchester
  - ❖ **Troop E – Ossipee Area:** 1863 White Mountain Highway, Tamworth
  - ❖ **Troop C – Keene Area:** 15 Ash Brook Court, Keene
  - ❖ **Troop F – Littleton Area:** 549 Route 302, Twin Mountain
- There are some local police stations that also do LiveScan fingerprinting. You will have to call and check with your local police station to see if they do LiveScan.



# LIVESCAN



- Clean Process
- Completed in less than 15 minutes
- Quality nearly 100%



# ***How Long Does This Take?***

Five to Seven Business Days



- Assuming there are no delays



Possible Delays Include:

- Incorrectly completed forms
- Poorly taken fingerprints
- Missing payments
- Waiting for results
- Rejections

# Fingerprint Rejections



State of New Hampshire  
DEPARTMENT OF SAFETY  
John J. Barthelmea, Commissioner of Safety  
Division of State Police  
James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305  
Telephone: 603-223-8813

Colonel Robert Quinn  
Director

**FINGERPRINT REJECTION NOTICE**

The enclosed submitted fingerprint images have been rejected by the FBI for reasons of low quality. A new set of fingerprints will need to be submitted along with the previous rejected prints. Please retain the state background form, which has been completed.

1<sup>st</sup> REJECTION  
2<sup>nd</sup> REJECTION

Please enclose a payment of \$24.75 when resubmitting a new set of fingerprint images for a 3<sup>rd</sup> time.

OR

Submit a letter of good standing from the Police Department(s) accounting for **last five (5) years of residency, including any out of state residency. Only an option if your prints have been rejected by the FBI twice.**

Should you have any questions regarding this letter, please contact our office at (603) 223-3867.

NH STATE POLICE CRIMINAL RECORDS UNIT

**Fingerprint Rejection Notice is attached to fingerprint results that have been rejected**

- This form makes note of how many times the applicant's prints have been rejected.

***Fingerprint resubmissions should be returned within 14 days of rejection notice.***

# QUESTIONS?

**NH Department of Health & Human Services  
Office of Improvement & Integrity  
129 Pleasant Street  
Concord, NH 03301  
(603) 271-4337**

